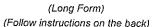
FINANCIAL STATUS REPORT





Federal Agency and Organizational Element to Which Report is Submitted	entifying Number Assigne	đ	OMB Approval Page of		
U. S. Election Assistance Commission	By Federal Agency 90.401 - Title II, Section 251		No. 0348-0039		
3. Recipient Organization (Name and complete add	dress, including ZIP code)			pages	
Florida Department of State 500 South Bronough Street Tallahassee, FL 32399-0250					
4. Employer Identification Number	5. Recipient Account Number or Identifying Number		6. Final Report ☐ Yes ☑ No	7. Basis 2 Cash	
8. Funding/Grant Period (See instructions)		9. Period Covered by the			
From: (Month, Day, Year) 6/23/2004 To: (Month, Day, Year)		From: (Month, Day, Year) 6/23/2004		To: (Month, Day, Year) 9/30/2004	
10 Transactions:		I Previously Reported	I This Period	III Cumulative	
a. Total outlays		1 .cviously reported	0.00	0.00	
b Refunds, rebates, etc.				0.00	
c. Program income used in accordance with the deduction alternative				0.00	
d Net outlays (Line a, less the sum of lines b and c)		0.00	0.00	0.00	
Recipient's share of net outlays, consisting of:					
e. Third party (in-kind) contributions				0.00	
				0.00	
Program income used in accordance with the matching or cost sharing alternative				0.00	
h. All other recipient outlays not shown on lines e, f or g				0.00	
i. Total recipient share of net outlays (Sum of lin	nes e, f, g and h)	0.00	0.00	0.00	
j. Federal share of net outlays (line d less line i)				
k. Total unliquidated obligations		0.00	0.00	0,00	
Recipient's share of unfiguidated obligations					
m. Federal share of unliquidated obligations					
n. Total Federal share (sum of lines j and m)				0.00	
Total Federal funds authorized for this funding period				47,873,603.63	
p. Unobligated balance of Federal funds (Line o minus line n)				47,873,603.63	
Program income, consisting of:	l Sall len Sentasan de Carlos (Sections)				
Disbursed program income shown on lines c Disbursed program income using the addition					
	ratemative				
s. Undisbursed program (ricome					
t. Total program income realized (Sum of lines	q, r and s)			0.00	
a. Type of Rate (Place "X" in a		ermined	☐ Final	Fixed	
Expense b Rate N/A	c. Base	d. Total Amount		ederal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with					
governing legislation Form has been revised to include Interest in the amount of \$456,770.63 accrued between 6/23/2004 and 9/30/2004 on Line					
"O" - \$456,770.63. 13. Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and					
/ unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Punted Name and Title Dawn K Roberts, Director, Division of Ele	ľ	Telephone (Area code, number and extension) 850-245-6200			
Signature of Authorized Certifying Official		Date Report Submitted			
Previous Filling Isable			March 27, 2006		

Previous Edition Usable NSN 7540-01-012-4285

269-104

Standard Form 269 (Rev. 7-97) Prescribed by OMB Circulars A-102 and A-110